Update on SACGHS' Work on the Large Population Studies Issue
Facilitator: Hunt Willard, Ph.D.

DR. TUCKSON: We're going to get now an update on SACGHS' focus on large population studies, a really big and important area. Again, as we go through this in a half an hour, I want the committee to again remain focused on what do you see as being the recommendations, the action steps that we want to recommend back to our subcommittee at the end of this half hour. So really be thinking about what you want to charge your subcommittee to do.

With that, the chairman of the subcommittee, Hunt Willard.

DR. WILLARD: Thank you, Reed.

I thought the best way to begin would be to do a little bit of a review of how this task force was formed, and how the committee decided to take on this issue. In part is a review for all of us, and in part an introduction to our four new members so that you're more up to speed on this issue and can help us decide where we want to go from here.

The issue of studying large populations came up in deliberations by the committee as we began to prioritize the kind of topics that we would tackle soon after we took office, I was going to say, but formed our committee in June a couple of years ago. For the purpose of definition, large population studies are considered to be longitudinal studies of a large and usually diverse cohort of subjects with the purpose of elucidating the influence of genomic variation or genetic variation, as well as environmental factors on complex diseases and/or other traits.

Occasionally in some countries these are referred to as biobanks, but for our purposes, we are treating those as the same. A number of large population studies are already underway in a number of countries around the world. There is certainly interest in a number of corridors in this country to discuss the need for and potential value of large population studies.

Planning is already underway for a National Children's Study that will focus on studying the influence of environmental exposures on childhood disease and development, and the VA has also been examining or considering a project in clinical genomic medicine.

So shortly after we listed large population studies as one of the I believe 12 priority items that the committee wanted to focus on, we formed a task force in the fall of 2004, a task force consisting of not only myself, but Joan Reede, Kevin Fitzgerald, Deborah Leonard, Chris Hook, Ed McCabe, and three of our ex officios, Ellen Fox from the VA, Alan Guttmacher from NIH, and Muin Khoury from CDC.

That task force was charged with designing a session at a meeting that was held in March of this year where the task force decided the best way to spend time at that meeting was to review not only some of the scientific issues that were at play for the benefit of educating our committee, but also to focus on the social policy and legal issues that were either of concern, or that we wanted to touch base on in deciding how those activities might go forward.

We received an update as well on federal programmatic activities exploring the kinds of studies that might be undertaken by one or more of the federal agencies.
After that session, the task force was charged again with deciding what to do and what to potentially put into a letter or recommendation to the Secretary.

The task force had a conference call shortly after that meeting in April of this year, and the sense of that call was that there were still a large number of questions that various members of the task force still wanted to explore or gain some traction on. What was the potential predicted scientific payoff of a study like this? Were there various methodologies that might be needed to carry out those studies? Did we have those in hand, or were there identifiable gaps in terms of developing those methods?

What kind of results might result from such a study? What would they mean? How would we, meaning society, act upon that kind of information? How could such a study be carried out in a way that was fair and equitable to all of the different populations or communities that might be involved without increasing health disparities which in principle would be one of the issues we'd be trying to reduce.

What also came up in that task force phone conversation was that both from our own perspective, and by reflecting on some of the international experiences with other large population studies was that we would need to proceed with careful deliberation and in particular, with extensive public consultation, both to educate the public and to get their engagement in this kind of a project, what it would entail, what would be involved, and what the potential benefits, as well as the potential anxiety provoking aspects of such a study might be.

At the same time, it was clear to some members of the task force that we also should touch base with the broader scientific community in order to get their engagement, or find out if there might be concerns in the broad scientific community either about the potential scientific payoff from such a study and/or the costs, and/or the processes that might be involved in carrying out such a study.

So in the end, we decided to propose back to this full committee that a letter to the Secretary endorsing the need for a large population study was probably premature and should be deferred until we could gather additional information about views from the public at large, from the scientific community about such a study and its ethical, legal, and social implications.

Most recently there has been one other notable development. Just this week on June 9th, NHGRI on behalf of the NIH posted a report of a group of experts that several of the NIH institutes, but in particular, NHGRI, had commissioned to examine the scientific foundations and do logistical issues of how one might mount such a large population study in the United States.

This is a report that Alan Guttmacher had referred to in the March meeting of this year. It finally has been posted. I should say as part of that group of experts that worked diligently in examining those scientific and logistical issues, Chris Hook served as a liaison from this committee to that task force, and to our own task force to keep up apprized of what was going on.

So one approach given that that report has just come out, and that probably very few of us have looked at it in any depth, even though you have a copy in front of you at your places, and you should hope the full committee will in time take a very careful look at that.

One approach would be that the task force in particular have an opportunity to review the report in some detail and determine the extent to which and whether it sufficiently addresses at least the scientific and logistical questions that we had raised during our telephone conference. If it does, then of course we might consider that that part of our job has been well handled, and those questions well addressed.

At the same time, the task force might, though, and this is where we need input from the full committee, might wish to identify the salient remaining issues where we need further examination and further development, framing the kinds of particular policy questions and process questions about how such a study might be carried out, what gaps are there with respect particularly to public consultation and broad scientific consultation. Not from the standpoint of figuring out the scientific basis for such a study, because that is in part in the report in front of you. The question of whether there is broad buy-in from the scientific community at large around this question.

We have also received some guidance from Dr. Zerhouni's office in his role of being responsible. His office is responsible for the management of this advisory committee, and he is the one who transmits our recommendations to the Secretary. He would certainly like us to provide advice in particular on the processes and pathways that NIH or HHS itself might use in reaching an optimal decision about taking such a study.

I interpret that to mean that we should focus not on the issues of the scientific merits or the scientific topics that such a large population study might tackle, but rather again, these questions of processes and pathways. What are the gaps? Who should be brought into the decision making process, and how do we identify the types of questions that need to be addressed, rather than us specifically trying to answer those questions, simply provide guidance as a committee as we try to identify what those areas are of some concern.

So that's where the task force stands at the moment. I think for the remaining time this morning that we should open it up to a full discussion on the committee in order to get full input from the other members of the committee, including our new members, and to get specific guidance back to the task force so that we know what jobs we're supposed to do two days from now in order to continue examining this important issue.

DR. TUCKSON: As we go around the room, and I see Francis' hand and a few others, let me again focus. So what you are trying to do in your questions and your guidance is to help the committee grapple with our role of do we and how do we help to give guidance around the idea of the process of going forward with this study.

As I look at my notes, again, do we look at buy in and how do you achieve buy in? Or do we have a role in helping to achieve buy in by the scientific community? Public perceptions and public perspectives on this matter. Other issues that have to do with the process of getting this done.

What we're saying is we do not see, at least from the subcommittee, a responsibility that we have to get into the scientific issues involved, but more of these other sorts of issues. So with that, let me start with Francis.

DR. COLLINS: I very much appreciate Hunt's summary of the work the task force has been doing, and Reed's exhortation that followed. I hope the committee will, when things are allowing it in terms of your time, take a close look at this report of this expert panel representing the work of more than 60 people who worked quite intensively last year in considering the design considerations that would be important to think about if we were going to mount a study of this sort in the United States.
There is a great deal of detail in there about power calculations and what kinds of expectations you would have based on particular study designs about how the study design might be carried out. What would go into the clinical and laboratory component, what kind of technology would

be needed in order to advance our ability to collect information about environmental exposures, ambulatory physiology, dietary intake, and so on.

We would be very interested in the thoughts of the task force and the committee about the way in which these recommendations are phrased. I do think, and again, picking up on what Hunt and Reed have said, that SACGHS represented by the task force could play a useful role, particularly in this area of trying to seek public input about the wisdom of such an undertaking.

When this was undertaken in the U.K., for instance, there was a good deal of public consultation, and you heard about that at the last meeting. That's obviously critical for anything of this magnitude which will require not only sort of grudging assent, but I think actually enthusiastic embrace by the general public if we're going to undertake a project of considerable magnitude that has long range consequences for our understanding of health issues.

Given SACGHS' visibility and your connection to the Secretary, it seems to me that this might provide a very useful venue for that kind of a discussion. If I could be so bold to even suggest that perhaps in the October meeting, you organize a session to receive public input about the wisdom of such a study. That could be very helpful in considering the next steps in getting this underway or not, depending on a whole variety of factors.

I think if we went much further down this pathway without soliciting that kind of broad public input from advocates from a variety of different populations that have had different experiences with medical research, then we really potentially could be accused of just riding over those concerns without listening.

This would be a great venue to try to organize that kind of a very public discussion.

DR. TUCKSON: Francis, this is a very tangible, concrete suggestion for us to consider. How would you feel about in addition to the public perceptions, but also if we were to bring in representatives from the "scientific" community also. Would that be a friendly amendment to your suggestion?

DR. COLLINS: It would indeed.

DR. TUCKSON: Thank you very much, Francis. Ed has his hand up.

DR. McCABE: Yes, I was going to actually, my hand was up before Francis talked about the public input. That's what I was going to suggest.

I would look back to the model from SACGT. Maybe even think about it as more than a half a day session. The thing we did over at the University of Maryland which really was what began to open my eyes about the genetic discrimination issue at that meeting. So I don't know if logistically that would be possible to do, but think about at least maybe a full day session and whether it was connected or disconnected to this meeting, the meeting of the committee. Look back to that model.

DR. TUCKSON: Great. Thank you, Ed. Agnes?

MS. MASNY: I also agree with the recommendations that have been made by Dr. Collins and Ed. I think that besides the scientific and the public input that could be garnered from a public hearing like this, to also consider having people from the ethical background, since that is one of

the things that we've been commissioned to look at the impact on the legal, social, and ethical issues.

DR. McCABE: And also perhaps the companies, because there are companies that are in essence doing large population studies as part of SNP studies. A lot of the drug companies are doing this now, so I would look at what is already being done in the private sector as well.

DR. TUCKSON: Very good. Other questions or suggestions?

Yes, Debra?

DR. LEONARD: What would be the mechanism for soliciting this kind of input? I'm not familiar with how SACGT did this process, but would it be in a Federal Register notice that won't get the people that you really want to have and come make comment? What are the mechanisms for doing this? Do we have the ability to use this report in some truncated format?

DR. TUCKSON: I think it's a terrific question. I think maybe, and first of all, I'm glad you raised it in this meeting. It may be the kind of question that we leave the task force to grapple with. But maybe there are just a few general comments that you want to give to the task force to consider.

Ed?

DR. McCABE: Well, when we did the public comment with SACGT preceding that meeting, we used an email network, and also posted on our website that we were interested in feedback from the public and got a bit of comment.

DR. TUCKSON: I think, if I understand Debra's point, let me try to read into it. On the one hand, I think first of all it's important that we cast a wide net, because we always want to get opinions from people of whom we may not be familiar. I think that may also though be saying that we also want to specifically invite some folks who are known to be thoughtful in these areas who represent the community. So maybe it's a mix of both. Am I reading you right?

DR. LEONARD: Right. And there are issues like if you hold the meeting in Washington, you'll get certain responders, where if you held it in St. Louis or Minnesota, Texas, or California, you might have other responders.

So I don't know how you get -- this is a U.S.-wide initiative. I remember from the U.K discussions of their biobank, their discussions were town hall meetings, very widely distributed. I don't know that SACGHS can do that kind of initiative. But I'm concerned that we may think we're allowing a venue for public dialogue when we're really not.

DR. TUCKSON: These are good things for the committee to have to grapple with, for the subcommittee. But a couple of comments.

Francis, Ed, and then Emily. You're on a different topic, I think, right?

DR. COLLINS: Just a quick response to the concern about how to do this so that you really hear from all parties. I would make it clear I think that this would not be the only venue for soliciting public opinion on something as important as this. If you look at what's in the report in that

regard, there is a recommendation about having surveys, about having focus groups. Those could be set up separately, and having town meetings.

Obviously if SACGHS wanted to go on the road for a few weeks and meet all over the country, that would be fabulous. I have a feeling that's not quite what you think you signed up for. So this would be a component, not the only feature of public consultation.

DR. TUCKSON: That's a key thing.

Ed?

DR. McCABE: For the meeting that we had that I'm referring to at the University of Maryland, we did get people from all over the country. I remember one woman from Hawaii. It was through networking with consumer groups that we were able to identify also the purpose of the email or website.

We got individuals who told us what they felt about this issue. To us, it all makes sense why we need this. Linda McCabe and I just finished a course for the spring quarter where this came up in the course with some undergraduate students. Half the class or more was very fearful of this when it first came up. I think it is very important.

Also to look at what the concerns of the public are, and then some public education about why this is so important.

DR. TUCKSON: Terrific.

Emily?

DR. WINN-DEEN: Yes. So I just wanted to make a couple of comments. One is I think Kathy Hudson had a good model that she used when she took some things around to town hall meetings. I'm sure you're aware of that. I would encourage you to do that kind of broad geographic and socioeconomic outreach kind of effort in discussing how this kind of a study should be done.

The other comment I have is that although I think our committee could certainly serve as an adjunct to that, we shouldn't get involved in thinking that it is only our role to do that, that we can be one of many public forums. As you said, I don't think we can take the group on the road for an extensive road trip city to city, but I think that's the kind of outreach that it's going to take to really pull out the varying levels of public comment that you need.

There has to be some active outreach to groups who aren't going to see things in the Federal Register, who aren't going to come on a SACGHS website. So there has to be some kind of a proactive outreach.

DR. TUCKSON: All right.

Hunt?

DR. WILLARD: I want to raise a question for the committee members specifically, because I do think we need some feedback on this. The question is so I hear some broad support for organizing a session at the October meeting as perhaps the first, but by no means the last of the kinds of efforts that would be needed to do this.

However, I think we need to examine as a committee whether the recommended course of action would be that the NIH itself lead the charge for the majority of these kinds of public town meetings and sessions around the country. Or whether because there is a perceived and/or real vested interest that the NIH has in seeing this approved and going forward, whether in fact there is an ongoing role for this committee as an advisory committee with public representation for the Secretary, that that provides a greater level, a little bit of an arm's length view on working with the public to see where the public's feelings were, rather than having this fall back on the expert panel, or on NHGRI, or the NIH more broadly.

I think it would be useful to the task force, because we can examine this in some depth, it would be useful to get a little bit of feedback from the committee members at large on that question.

DR. TUCKSON: The question is there. Guidance? Yes?

DR. McCABE: Well, I would agree with you. I think the NIH will probably have a role in doing this, but I think we should, or you all should continue to look at this issue.

I think we can be a public forum, and we can even be a broader public forum than we are in this room. I would look to how we could embrace the public more about this issue.

DR. TUCKSON: Francis?

DR. COLLINS: And I would say NIH would welcome that. I should also point out this is not just an NIH discussion. The CDC has been involved in this planning process, EPA has a bit as well.

Certainly if NIH was going to be of assistance in mounting this kind of public consultation, we'd want lots of advice, and we'd probably want to do it by a contract to an outside organization, again, to keep this sort of arm's length relationship.

The worst thing you can do in a public consultation is to set it up so that it looks like it has a guaranteed outcome, and then nobody believes it anyway. We wouldn't want to make that mistake.

DR. TUCKSON: And Debra?

DR. LEONARD: Just some quick comments. I think as we read this, we need to keep in mind our overarching issues, particularly the access issues and how that is addressed in this document. Then two more structural things.

I think many of the task force members are rotating off the committee. So do we need to relook at the members of the task force, and will Chris Hook remain as the representative? Or does this report basically mean it's over?

DR. WILLARD: It basically means it's over.

DR. LEONARD: Okay.

DR. TUCKSON: Good. As we start to think about then summarizing this discussion and keeping to our time limit, I just want to make sure, and I know that Lana Skirboll is here from Dr.

Zerhouni's office. I'm not asking to put her on the spot, but I just wanted to give you the opportunity.

If there is anything that you either would like to say regarding Dr. Zerhouni's perspective on this and/or any sense of the timeline relevance in terms of our talking about doing something at the October meeting, whether or not that is a realistic or legitimate contribution given the timelines that the Director's Office may be on, I just wanted to give you the chance to comment if you felt inclined to do so. If not, you can just sort of wave me off.

DR. SKIRBOLL: I think the committee got Dr. Zerhouni's wishes just right. Clearly Dr. Collins is responsive to where the committee wants to go here, the issue of public consultation.

It was important to point out that Elias' point in tasking the committee was to look not only at the public consultation that you all might do, but to also make recommendations about the pathways and processes, meaning other consultations we might engage in that you can't design yourselves, but what you might recommend to NIH as part of Francis' and the NIH community, along with the department, EPA, and outside the department.

So there are two levels of here of what consultation you do, and recommendations about what other pathways and processes you feel the government should engage in as it makes an optimal decision about whether to proceed. And then if so, how to proceed.

DR. TUCKSON: Well, the fact that you are here and paying attention to this I think give some sense of the interest that the Director has in this matter, not implying endorsement of any particular course of action, but it is clear that this must be important to send such notable a person as Lana to be here with us today. Thank you.

DR. SKIRBOLL: I didn't pay anything for that.

(Laughter.)

DR. TUCKSON: Thank you.

Let's summarize what I think we have heard. Hunt will be the first one to tell me where I think I've got this wrong.

The proposal on the table for the committee is that we recommend to the Subcommittee on Large Population Studies that they plan for a meeting which we hope will be in conjunction with our October meeting, but they may decide after they look at it that it can't be done for whatever logistics reasons. But they would plan on a meeting, hopefully in some juxtaposition to our next meeting in October as a timeline sort of guidance that would solicit public comment and comment from the "scientific" community, to include also some perspectives from emphasis that would be focused on giving guidance and advice about proceeding or elements of issues to consider in proceeding forward with a large population study.

The mechanism and logistics for how long such a meeting should occur, whether it's a day or half day, whether it ought to be here in Washington or someplace else, we need for the subcommittee to wrestle with and grapple with.

We have been given models and examples of how the predecessor committee did it in the past. The Kathy Hudson model has come up. We've got examples for the committee to look at of ways of doing that.

I think that's pretty much what we have tasked the committee to do, and to work on. Am I missing anything in the summary of what we're giving them to do? I'll come back to that, that's good. Debra is concerned about do we have enough people on the task force anymore, but that's a technical issue. I don't want to put it as part of the proposal, the guidance to the committee.

Am I missing anything in terms of guidance to the committee? All right.

MS. CARR: Also, I think you want the task force to consider what other consultations should be carried out, by others possibly. You were getting to that.

DR. TUCKSON: I think what this is is that the framework for the work, the guidance to the committee -- I've given the guidance to the committee summary. The context of that is that the committee will enjoy the input from Francis' team and those who are responsible for trying to look at whether there will be any other public education activities out there, and anybody that is doing stuff in government.

I think that the context as we recognize, I guess, I should make it a preamble to this recommendation, is that our committee is not the be all and end all on gaining these inputs. We're providing an input to the process. We're not the only input into the process. We can't assume that our activity is the complete record of public and scientific input into this process.

We are providing an important and significant input, but not the only. Therefore, you may be guided by what you do by other activities that may or may not be going on simultaneously in government. That's the preamble to the recommendation.

Let me stop with the preamble and that charge and see who wants to challenge that as a focus.

DR. LEONARD: That's a lot for the task force to do. But should we also look at the public education aspects that are needed? That was also brought up during the discussions.

DR. TUCKSON: Yes. It would be my recommendation that the public education around this would come from understanding and listening to the public concerns. So you sort of have form follow function, if that would be a friendly amendment to yours.

All right. I'm looking for some committee member that doesn't agree that this is what the summary of the discussion was. Given that this was the summary of the discussion, let me ask the chairman of the task force before we ask for a vote. Do you feel this gives you enough specificity to do your work?

DR. WILLARD: Yes.

DR. TUCKSON: With that, those who are new are apparently not allowed to vote, but we love you anyway. Those who can vote need to decide. All in favor of the motion by raising hands?

(Show of hands.)

DR. TUCKSON: And anyone who is against it?

(No response.)

DR. TUCKSON: Done. Thank you very much.

Task force, good luck. We see this as being important. I'm glad I'm not on it. It's a lot of work. We're going to have lunch.

DR. WILLARD: But before you go to lunch, before you do that, do we wish to ask for a volunteer? We're losing two of our six members.

DR. TUCKSON: Oh, yes. Let's do that now.

DR. WILLARD: It would be terrific if one or more of the new members in particular would wish to join us. Especially those who represent the public on this committee, representing the public on the task force would be terrific.

DR. TUCKSON: That was a good arm twisting.

PARTICIPANT: Yes, I will participate.

DR. TUCKSON: That's one.

PARTICIPANT: I will, too.

DR. TUCKSON: There we go. Look how that works. Hunt, you're a master.

Let me tell you about lunch. Committee members and ex officios, the lunches you ordered at 9:00, I hope, will be brought here so you can actually mill about in this room and eat. For members of the public, lunch is available in the hotel restaurant, as well as from a variety of local restaurant establishments, many of whom I understand are in walking distance.

We will reconvene at 1:00. But let me be fair for the public and the people that don't get to get your lunch right here. Because you all have to go out and you need an hour at least, I'm going to be fair and cut you five minutes of slack, because I don't want you to be mad at me when I come back out there.

So 1:05. But you all know, I'm starting at 1:05. Now, you know that. See you at 1:05.

(Whereupon, at 12:10 p.m., the meeting was recessed for lunch, to reconvene at 1:05 p.m.)